

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

| | | | | |
|----------------------------------|--|--|---|--|
| Row 1 Administrative Data | Reporter name: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div> | Submission date: | Contact person (if different than reporter) | Internal ID 1-43889055 |
| | Address: Tennessee | | Address: | |
| | Phone #: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div> | | Phone #: | |
| | Incident Status: New | Location and date of incident Tennessee 04/16/2016 | Date registrant became aware of incident: 4/23/2016 | Was incident part of larger study? |

| | | | |
|------------------------------------|--|---|---|
| Row 2 Pesticide(s) Involved | EPA Registration # (Product 1) 239-2657 | EPA Registration # (Product 2) | EPA Registration # (Product 3) |
| | A.I. (s) Glyphosate, Imazapyr | A.I. (s) | A.I. (s) |
| | Product 1 Name GroundClear Vegetation Killer Concentrate 1 gal | Product 2 Name | Product 3 Name |
| | Exposed to concentrate prior to dilution? NA | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? |
| | Formulation | Formulation | Formulation |

| | | | |
|-------------------------------------|---|---|---|
| Row 3 Incident Circumstances | Evidence label directions were not followed? No Intentional misuse? No Applicator certified PCO? Not applicable How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence | Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating) See Description Notes |
|-------------------------------------|---|---|---|

Personal privacy information

*4/23/2016 4:25:23 PM GroundClear Vegetation Killer Concentrate 1 gal
UPC: 71549-04305*

HX: Caller states that her father sprayed this in a flower pot in which she gardens in, but she is unsure of when. Over one week ago, caller was gardening in the flower pot. The next day she developed intense skin irritation. She states she felt like her hands were on fire. She went to the ER who advised her that she has dry skin and gave her a topical lotion and gloves to wear at night. Caller states that her skin is still bothersome at this point.

A: This product can cause localized skin irritation, but we do not expect substantial skin irritation such as this.

-Based off of the symptoms you have described, we would recommend a to continue to work with a MD for further work up to determine the source of your symptoms

-Please cb if needed

5/2/2016 5:05:08 PM Called back, left message on voice mail asking for return call and follow-up information.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

| | | | |
|---|--|---|---|
| Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant) | Exposure route: <i>Dermal</i> | Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i> | Was protective clothing worn (specify)? <i>Not applicable</i> |
| If female, pregnant? <i>Did not query</i> | Was exposure occupational? <i>No</i> If yes, days lost due to illness: | Time between exposure and onset of symptoms: <i>See Symptoms</i> | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i> | List signs/symptoms/adverse effects. <i>Dermal Irritation, 12 hrs or less;</i> <i>Dermal Pain, 12 hrs or less;</i> <i>Dry Skin, 12 hrs or less;</i> | | If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i> |
| Exposure data: Amount of pesticide: Exposure duration: Weight: | | | |
| Human severity category: <i>HC</i> | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-43889055